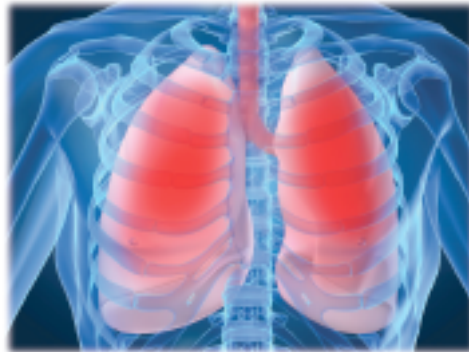




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Challenges in Pulmonary and Critical Care: 2015



**November 21, 2015
Cleveland Clinic Florida
Weston, FL**

Course Director
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Program Evaluation
January 5, 2015

In November 2015, the National Association for Continuing Education (NACE) sponsored a CME activity, *Challenges in Pulmonary and Critical: 2015*, in Weston, FL.

This educational activity was designed to provide an update in the prevention, diagnosis, and management of pulmonary disease to pulmonologists, hospitalists, and other health care providers who treat patients with pulmonary diseases. Current findings in pulmonary research in topics such as Pulmonary Hypertension, Idiopathic Pulmonary Fibrosis, Alpha One Anti-trypsin Deficiency, Lung Cancer, Pathology of Pulmonary Diseases, COPD, Palliative Care and Sarcoidosis were presented.

In planning this CME activity, the NACE performed a needs assessment. A literature search was conducted, national guidelines were reviewed, survey data was analyzed, and experts in each therapeutic area were consulted to determine gaps in practitioner knowledge, competence or performance.

Two hundred sixty three healthcare practitioners registered to attend *Challenges in Pulmonary and Critical: 2015* in Weston, FL. One hundred fifty six healthcare practitioners actually attended this conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. One hundred forty seven completed forms were received. The data collected is displayed in this report.

CME ACCREDITATION

The National Association for Continuing Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The National Association for Continuing Education designates this live activity for a maximum of 8 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 8.0 contact hours of continuing education (which includes 1.25 hours of pharmacology).

Integrated Item Analysis Report

What is your professional degree?

Response	Frequency	Percent	Mean: -
MD	62	42.47	<div style="width: 42.47%;"></div>
DO	7	4.79	<div style="width: 4.79%;"></div>
NP	30	20.55	<div style="width: 20.55%;"></div>
PA	7	4.79	<div style="width: 4.79%;"></div>
RN	7	4.79	<div style="width: 4.79%;"></div>
Other	33	22.60	<div style="width: 22.60%;"></div>
No Response	1	0.68	<div style="width: 0.68%;"></div>

What is your specialty?

Response	Frequency	Percent	Mean: 3.58
Primary Care	59	40.41	<div style="width: 40.41%;"></div>
Endocrinology	1	0.68	<div style="width: 0.68%;"></div>
Rheumatology	1	0.68	<div style="width: 0.68%;"></div>
Pulmonology	33	22.60	<div style="width: 22.60%;"></div>
Cardiology	5	3.42	<div style="width: 3.42%;"></div>
Gastroenterolog y	3	2.05	<div style="width: 2.05%;"></div>
No Response	7	4.79	<div style="width: 4.79%;"></div>

What is your professional degree? Other:

Response
CTR
RT
Respiratory Therapist Cardiac Sonographer
RRT
Respiratory Therapist
RT
RRT
MSN/FNP Student
RT
RT
RRT
RT
RT
RT
RRT
RT
RT
RT
RT
RT
RT
RRT
RRT
LPN
RRT
MPH
MBA, CPCI, CPC
RRT
RRT
RRT
R. Pharmacist
Respiratory
RT

What is your specialty? Other:

Response
Patient care
Oncology
Psychiatry
Thoracic Surgeon
ICU
Neurology/Neurosurgery
IM Resident-MSMC
IR
Research
Mainly cardiology but I'm involved with pulmonary patients
Family Medicine
Respiratory
HIV/HCV
Respiratory Therapist
Immunology-Pain
Respiratory Therapist
Cardio Pulmonary
Int Med
Hepaticobiliary Surgery
Internal Med/Infectious Dis
Respiratory Therapist
Sleep medicine/Clinical research
ALF
Trauma
Cardio Pulmonary
Urgent care, family, hospice
Not working in the field
Cardiac
Staff Respiratory Therapist and Clinical Instructor
Urgent care
General practice
Internal Medicine Residency Applicant
Internal Med/Palliative Care
Multi
Worker Compensation
Urgent Care-Acute Care
Geriatrics
Gerontology
Emergency Medicine/Urgent Care
Emergency Medicine/Internal Med
Rehabilitation
Anesthesiology
Respiratory Therapist
Education

Upon completion of this activity, I can now: Discuss the pathophysiology of pulmonary arterial hypertension (PAH); explain the workup of patients suspected of having PAH; discuss the evolution of goals in trials; list therapeutic options in the management of patients with PAH; and discuss effective use of targeted treatment options for PAH.

Response	Frequency	Percent	Mean: 1.19
Yes	113	77.40	
Somewhat	24	16.44	
Not at all	1	0.68	
No Response	8	5.48	

Upon completion of this activity, I can now: Review the etiology of AATD; discuss how to change your office flow to incorporate testing for AATD and utilization of ancillary staff and the pulmonary function lab; and explain treatments for AATD.

Response	Frequency	Percent	Mean: 1.28
Yes	106	72.60	
Somewhat	32	21.92	
Not at all	4	2.74	
No Response	4	2.74	

Upon completion of this activity, I can now: Describe our current understanding of the pathophysiology and the epidemiology of Sarcoidosis; examine the state of the art in the methodology for diagnosis of Sarcoidosis; and review our current understanding of the treatments considered, including biologics and mineralocorticoid receptor agonists.

Response	Frequency	Percent	Mean: 1.25
Yes	104	71.23	
Somewhat	32	21.92	
Not at all	1	0.68	
No Response	9	6.16	

Upon completion of this activity, I can now: Understand clinical assessment of COPD patients in developing an effective individualized plan of care; implement guideline directed care for patients with COPD; discuss effective pharmacologic therapies and delivery options to reduce COPD; discuss exacerbations while improving quality of life; and recognize the impact of comorbidities such as diabetes and cardiovascular disease in the management of patients with COPD.

Response	Frequency	Percent	Mean: 1.17
Yes	106	72.60	
Somewhat	22	15.07	
Not at all	0	0.00	
No Response	18	12.33	

Upon completion of this activity, I can now: Discuss the appropriate strategy for the diagnosis of idiopathic pulmonary fibrosis (IPF); recognize prognostic features for individual IPF patients; discuss appropriate pharmacotherapeutic options for individual IPF patients; and appreciate the optimal timing for referral of IPF patients.

Response	Frequency	Percent	Mean: 1.27
Yes	103	70.55	
Somewhat	38	26.03	
Not at all	0	0.00	
No Response	5	3.42	

Upon completion of this activity, I can now: Describe new advances in treatment of Lung Cancer; discuss the data behind Lung Cancer screening and requirements for starting to screen; and describe the patient selection for Lung Screening.

Response	Frequency	Percent	Mean: 1.22
Yes	113	77.40	
Somewhat	28	19.18	
Not at all	2	1.37	
No Response	3	2.05	

Upon completion of this activity, I can now: Identify the pathological features of Pulmonary Diseases; describe Novel tests and stains available to pathologists; and discuss the special cooperative role of Pulmonary Pathologists.

Response	Frequency	Percent	Mean: 1.30
Yes	96	65.75	
Somewhat	37	25.34	
Not at all	2	1.37	
No Response	11	7.53	

Upon completion of this activity, I can now: Describe the concept of Palliative Care; discuss the palliative care medical literature that applies to pulmonary diseases; and identify which pulmonary patients to consider for palliative care and when.

Response	Frequency	Percent	Mean: 1.20
Yes	98	67.12	
Somewhat	23	15.75	
Not at all	1	0.68	
No Response	24	16.44	

Overall, I would rate this activity as...

Response	Frequency	Percent	Mean: 1.32
Excellent	104	71.23	
Very Good	37	25.34	
Good	3	2.05	
Fair	1	0.68	
Poor	0	0.00	
No Response	1	0.68	

Overall, this activity was effective in improving my knowledge in the content areas presented:

Response	Frequency	Percent	Mean: 1.31
Strongly Agree	102	69.86	
Agree	40	27.40	
Neutral	2	1.37	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	2	1.37	

Overall, this activity was effective in enhancing my confidence in caring for patients with the condition(s) presented.

Response	Frequency	Percent	Mean: 1.39
Strongly Agree	92	63.01	
Agree	50	34.25	
Neutral	3	2.05	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	1	0.68	

As a result of this activity, I have learned new strategies for patient care:

Response	Frequency	Percent	Mean: 1.46
Strongly Agree	87	59.59	
Agree	45	30.82	
Neutral	10	6.85	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	4	2.74	

As a result of this activity, I have learned new strategies for patient care. List these strategies:

Response
What about the cost of the treatment. No one mention this issue and is important
Improved diagnostic. Use of vaccines
To apply the acquired knowledge in whatever
Great talks. Medicine vs all about Research and further advancement of current trends. I will implement these strategies
NA
Better and easy early for approach to Dx/Tx
Refer all COPD to pulm for Alpha 1 testing
Non Physician- RT- I have a better understanding of the information present
Understanding and Dx. COPD pt with treatment options
Better patient care and follow up. New testimonials available. When to refer complex patients. Review old patients strategy/ new patient strategy
Screening for COPD with deph
Newer diagnosis and treatment means
How to approach patients who are "healthy" but should follow screening tests for lung cancer. Differentiate diagnosis from PFT results
Make sure more of my patients see pulmonologist. Continue due diligence in my assessments to hopefully not miss these disorders
Early intervention and treatment
Pre-screening remotely and in office
Alpha, Antitripsine deficiency should be screening in all COPD. Usual Interstitial PNA does not affect upper lobe and middle lobe (on in again testing no evidence of the disease). Lung Cancer screening > 55 yo > 30 smoking (LRCT scan)
Identify and diagnose different pathology. Appropriate referral
New drugs available for Tx of sarcodosis, COPD

As a result of this activity, I have learned new strategies for patient care. List these strategies:

Response
Requested CT for Lung Cancer screening more frequently gives Tx for AATD for stabilized patients yet Cortico ids is the gold standard treatment for Sorcordo
To learn more ways of treating incurable diseases and more guidelines about higher risk patients
Pathophysiology. Treatment. S+S
Better understanding pul HT and IPF. Alpha 1 (AATD). Lung Ca. Sarcoid. COPD. Palliative
Who to treat and when to treat
Specific testing is important
Screening for lung cancer. More vigilant looking for Alpha-1 anti-trypsin deficiency
Dx and Tx strategies. Current guidelines. Future outlook
Alpha 1
Better skills in cancer screening Alpha 1 Antitrypsin diagnosis. CT2 X-ray needing editing on Dx and relevant ont of Viln new treatment on lifetime
Adequate screening and management
Combination with Ambrisentan- Tadalafil best Tx for PAH. IV Augmentation therapy of 4 drugs is optimal Tx for AATD
Early low dose CT for Lung Ca. AAT testing
Various ways and techniques to interpret, diagnose and treat lung diseases
New treatments
Very educational
Able to understand diagnostic of pulmonary disease
Management
Assessment of COPD. Palliative care discussion. Discuss/ management of Hydropathic Pulmonary Fibrosis
In-depth evaluation first then treat
Diagnostic tests. Mortality rates. Treatment med plans
Discuss more openly palliative care with patients
Test every symptomatic COPD pt for Alpha 1
Creating templates and protocols for COPD. Goal oriented approach to pulm HTN pts
Very resourceful
Apply CT guided biopsy in lung cancer
Diagnostic lookup
Currently on medical disability but did learn a lot that I would use when I return to workforce shortly
Diagnosing and treatment
To use better knowledge in screen and Dx and Tx. Teach/ education pt with risk for Resp disease. To refer to specialist as early as possible
Check Alpha-1- AT level and genotype
More A-1-AT genetics
Beryllium is very similar to sarcoidoan and sarcordion not all patient's need to be treated
Increase AATD testing, Careful eval for any ILD/ UIP dx
I hope the MD's will use some of these
More comprehensive/ extensive differential diagnosis. Different Dx tests- such as Lous disease CT scan vs IXR, HR CT in pulmonary vision
Will look at COPD patients in a new way
Test all COPD pts for Alpha 1 antitrypsin enzyme deficiency. Screening for Sarcoid in appropriate pts (more =) previously. Use of low dose CT to screen patients who are at risk for lung cancer (w/in 15 yrs)
Ex: the work up of patients suspected of having PAH. Strategy for Dx of IPF
Diagnosis allgorithms
Will screen for L.C.

As a result of this activity, I have learned new strategies for patient care. List these strategies:

Response
I will try to improve my dropusfile screening and assessment in all my pts with pulmonary dz
New methods for Dx and Rx for Lung Ca, Sarcoidosis, Pathology with IPF, Histo
Diagnostic workup. Timely referrals
Precise diagnostic tests. Appropriate medications based on diagnosis with test results
For example: All patients with COPD should be tested for AATD. Best screening for Lung cancer is low dose CT. LABA/LAMA decrease COPD exacerbation
How to screen for AAT. Manage Sarcoid, etc.
Better screening/ treatment
Screening for AAT. Screening for Lung Cancer
Utilize PFT in guidance for AATD testing. V/Q scan use to R/O thrombolytic related PAH
Test COPD for Alpha 1 deficiency
Best practice. New meds and interventions. Screening best practice
Do testing on broader scale of patients with ages for Alpha-1 antitrypsin def
When Dx IPF- one of the gold standard on Radiology scan is "honey combing". Every COPD pt should be screened for Alpha-1. Low dose CT af chest more precise than x-ray for pts with hx af smoking whose never had annual CXR
Diagnostic test and referral to specialist. Include palliative care options and patient/ family education of choices with rationale
Assessment, treatment
As a direct patient care Resp. Therapist- I will and have suggested my patients see a Pulmonologist for A1 testing
Workup for PAH. Incorporate testing for AATD
New treatments for PAH, AAT testing, SARCOID
Identifying ACOS and recognizing benefit of ICS/LAMA combo. Use of PDEY inhibitors in very severe/ severe COPD w/ wet cough (chronic bronchitis). Initial combo therapy in DAH
Work-up for reinfectd PAH patients. Early referral of unexpected IPF pts. AATD testing in COPD pts. Lung ca screening. Pt referral (early). COPD Tx guidelines
Early diagnosis of lung ca
Preventative strategies for lung cancer. Symptoms and management of pulmonary HTN
To reduce the chance of multiple organ failure. Measures to improve pulmonary function
Very helpful in practice and improve patients care
Therapeutic options in management of patients. Recognize co-morbidities in management of patients

How likely are you to implement these new strategies in your practice?

Response	Frequency	Percent	Mean: 1.73
Very likely	84	57.53	
Somewhat likely	32	21.92	
Unlikely	4	2.74	
Not applicable	21	14.38	
No Response	5	3.42	

When do you intend to implement these new strategies into your practice?

Response	Frequency	Percent	Mean: 1.91
Within 1 month	78	53.42	
1-3 months	25	17.12	
4-6 months	4	2.74	
Not applicable	31	21.23	
No Response	8	5.48	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Abubakr Bajwa, MD - PH:

Response	Frequency	Percent	Mean: 4.75
Excellent	109	74.66	
Very Good	25	17.12	
Good	2	1.37	
Fair	2	1.37	
Unsatisfactory	0	0.00	
No Response	8	5.48	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Franck Rahaghi, MD - Alpha-1:

Response	Frequency	Percent	Mean: 4.82
Excellent	117	80.14	
Very Good	23	15.75	
Good	1	0.68	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	5	3.42	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Franck Rahaghi, MD - Sarcoidosis:

Response	Frequency	Percent	Mean: 4.86
Excellent	109	74.66	
Very Good	16	10.96	
Good	1	0.68	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	20	13.70	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Anas Hadeh, MD - COPD:

Response	Frequency	Percent	Mean: 4.81
Excellent	90	61.64	
Very Good	17	11.64	
Good	2	1.37	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	37	25.34	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Felipe Martinez, MD - IPF:

Response	Frequency	Percent	Mean: 4.68
Excellent	105	71.92	
Very Good	30	20.55	
Good	6	4.11	
Fair	1	0.68	
Unsatisfactory	0	0.00	
No Response	4	2.74	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jinesh Mehta, MD - Lung Cancer:

Response	Frequency	Percent	Mean: 4.81
Excellent	115	78.77	
Very Good	18	12.33	
Good	2	1.37	
Fair	0	0.00	
Unsatisfactory	1	0.68	
No Response	10	6.85	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Pablo A. Bejarano, MD - Pathology:

Response	Frequency	Percent	Mean: 4.73
Excellent	95	65.07	
Very Good	23	15.75	
Good	2	1.37	
Fair	2	1.37	
Unsatisfactory	0	0.00	
No Response	24	16.44	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Nydia Martinez Galvis, MD - Palli:

Response	Frequency	Percent	Mean: 4.75
Excellent	78	53.42	
Very Good	19	13.01	
Good	3	2.05	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	46	31.51	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Abubakr Bajwa, MD - PH:

Response	Frequency	Percent	Mean: 4.86
Excellent	120	82.19	
Very Good	18	12.33	
Good	1	0.68	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	7	4.79	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Franck Rahaghi, MD - Alpha-1:

Response	Frequency	Percent	Mean: 4.90
Excellent	128	87.67	
Very Good	12	8.22	
Good	1	0.68	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	5	3.42	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Franck Rahaghi, MD - Sarcoidosis:

Response	Frequency	Percent	Mean: 4.87
Excellent	111	76.03	
Very Good	14	9.59	
Good	0	0.00	
Fair	1	0.68	
Unsatisfactory	0	0.00	
No Response	20	13.70	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Anas Hadeh, MD - COPD:

Response	Frequency	Percent	Mean: 4.88
Excellent	99	67.81	
Very Good	12	8.22	
Good	1	0.68	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	34	23.29	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Felipe Martinez, MD - IPF:

Response	Frequency	Percent	Mean: 4.87
Excellent	124	84.93	
Very Good	15	10.27	
Good	2	1.37	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	5	3.42	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Jinesh Mehta, MD - Lung Cancer:

Response	Frequency	Percent	Mean: 4.90
Excellent	127	86.99	
Very Good	12	8.22	
Good	1	0.68	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	6	4.11	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Pablo A. Bejarano, MD - Pathology:

Response	Frequency	Percent	Mean: 4.85
Excellent	105	71.92	
Very Good	16	10.96	
Good	1	0.68	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	24	16.44	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Nydia Martinez Galvis, MD - Palli:

Response	Frequency	Percent	Mean: 4.86
Excellent	93	63.70	
Very Good	13	8.90	
Good	1	0.68	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	39	26.71	

Which statement(s) best reflects your reasons for participating in this activity:

Response	Frequency	Percent	Mean: -
Topics covered	119	81.51	
Location/ease of access	91	62.33	
Faculty	60	41.10	
Earn CME credits	110	75.34	
No Response	1	0.68	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.59
Strongly agree	71	48.63	
Agree	60	41.10	
Neutral	11	7.53	
Disagree	1	0.68	
Strongly Disagree	0	0.00	
No Response	3	2.05	

What topics would you like to see offered as CME activities in the future?

Response
Cardiac Disease signs and symptoms, Evidence based approach to treatment, Pharmacology
Use of diagnostic tool, Side effects of new vaccines
Same
Rheumatology, Gastroenterology, Dermatology
Asthma advancements, New medicine tech.
Neurology
Any
Bronchial thermoplasty
Asthma, Ventilator management
Asthma- Medical management for children- mechanical devices
Asthma/ COPD overlap symptoms, Sepsis syndrome update, Case presentations- complex cases, Pneumonia
Hypothyroidism, Asthma
Ulcerative colitis, Crohn's disease
Cardiac, CHF presentations and CU surgery
Obamacare, now what? How to make Medical Boards more Physician friendly rather than punitive
Alzheimer's Disease
Asthma inavative therapy
Prostate cancer, MDRTB
Psychological aspects of patients with chronic pulmonary disease
Hypertension, Dementia
N/A
Sarcoidosis
Pulmonary Hypertension
.
All current relevant topics in healthcare
Liver Disease, HIV, Neurology
Mechanical Ventilation
Tx's of COPD and pt with Pulmonary Hypertension for the Respiratory Therapist
Vent management
Emphasizing Preventative Medicine, Adherence to treatment in Diabetes Mellites, Morbid Obesity, Quitting smoking
Cystic Fibrosis
COPD mechanical ventilation
Sleep medicine, Occupational Lung diseases

What topics would you like to see offered as CME activities in the future?

Response
Update of anti-hypertension medications
How to deal with Seniors Alzheimers and Dementia when they get hostile and in 1 min forget they ate or took shower etc. Frustration for the caregiver please, guidelines needed
Diabetes, Womens health, Sexually transmitted diseases, Prostate diseases
Asthma, Migraine
Sepsis campaign, Neuro ICU Herrodynamics, Hanodynamics
Pulmonary rehab
More GI topics
Integrative medicine
If it's not related to this topic- then Colon CA, Autism in children, Rare breast cancer
Same
Pulmonary Emboli/ DVT what other work up NEEDED, beside treatment
TB, HIV
Hypothyroid
Continue lung disease topic cover- ie pneumonia, cr, new guidelines cover as well as hospice and palliative care
Emersion Rx in Arthritic, Pulmonary effect of 911 (WTC responders)
Cardiovascular risk reduction, Advanced Cardiology, Cancer prevention
Pulmonary Medicine, Congestive Heart failure, DM, Primary Care topics, Rheumatological topics
Dermatology Review and update
Lung Nodules, Lung cancers, Infections common/ uncommon- Biopsies using navigation/ cryo options, New Asthma biologics (IL4, IL5, IL13), Reducing re-hospitalization tactics for PNA, COPD
Obesity
GI, Polyps, Obesity
Interventional pulmonary medicine/ procedures
ENT Disorders, tx plan, GI Disorders
COPD, Asthma, Pulmonary Carcinoma
New technology/ advances in Ventilator management
HIV
Acute Chest Syndrome, Sickle cell Disease
Pain related to COPD
COPD- acute and chronic management
More radiology topics
HIV
Rheumatology, Hematology Oncology, Radiation Oncology, Neurology
Neurologic muscle diseases
Worker compensation
Allergy induced asthma and common variable immunodeficiency, cough variant asthma
Hematology
Obesity
Management of Cardiopulmonary patients, COPD, etc. Meganica ventilation
Occupational hazards as related to pulmonary effects
Stem cell and pulmonary patient, Also nano technology how close are we to improvement in medicine
Metabolic topics, Mental disorders, Immunology disorders
Abdominal pain in female and male in Emergency medicine
Electronic health records, ICD10, Health education methods
Gastro-intestinal

What topics would you like to see offered as CME activities in the future?

Response
Psychological- mental illness due to Pulm Diagnosis. Dr. Martinez touched on this- besides empathy, sympathy. And how to deal as careworkers with these patients
Bronchial Asthma
Alzheimers
Obesity, Skin disorders
Women's health, Gyn/ OB
Modes of ventilation, APRV on flakka
Diabetes
Similar practical and important topics

Additional comments:

Response
Thanks. Excellent faculty and water
Excellent course
Ok
Very informative. Thank you
This was a very excellent conference, educational and up to date. Current information in Diagnosing and Treating pt with Pulmonary disease. Great Histology slides on different Lung Diseases. Looking forward for next year conference. Please have hot tea if possible on next conference. Thank you
Excellent course
Very educational (reinforced info). I enjoyed the conference. Please provide hot water for hot tea. Not everyone consume coffee. Thanks
Thank you for inviting me
Great conference
Excellent conference
None
Have the speakers "repeat the question." Have long desks for us to learn on and take notes, rather than just chairs. Dr. Bejarano- accent hard to understand
Very good conference
Thanks
Excellent organization
Thank you to NACE and all the Doctors and speakers for this and future seminars
This was a little over my expertise
Thank you
They try to states the meaning of Pneumonics, as this can decrease the quality of an excellent presentation as we need to go to the web to figure it out
That was a great and effective lecture
Very good conference
Thanks
Anas Hadeh is a terrible speaker
More education from the speakers, less case studies and Q/A. Information is too technical at times. Make it more understandable to the audience. Each session is too long in time
Nice to see much less research and more clinical. Dementia was well organized and simplified. I liked how the ppt was laid out. Good to see ppt and lectures free from commercial bias
I enjoyed this conference. Too bad not enough chairs with talks available for everyone, but this was okay
Heartfelt thank you for all Faculty, staffs and sponsor who make this CE conference possible

Additional comments:

Response
Last former too more conference
Change your TVs to 1080 (They're awful)
Excellent program! Thanks
Have enough food for the people attending the conference
Excellent lectures
Great conference
When sending acceptance to conference (via email) attach maps and directions to center, parking instructions, etc. to help those who are not familiar with location and/or center
The guideline provided include power point and some graphic
As always, great lectures
Very educational and knowledgeable topics
Great activity, very organized
Too detailed for 10 MD
Excellent presentations. Thanks a lot
Always with distinguished speakers. Great lectures
Consider including an ARAP on your speaker panel
None
Excellent and very relevant topics scope and update. Excellent speakers available for questions. Thank you
Long overdue
Great seminar. Thank you for the invitation
Very informative